

UTAH INSURANCE DEPARTMENT
3110 State Office Building Salt Lake City, UT 84114
HEALTH DISCOUNT PROGRAM

APPLICATION FOR ORGANIZATION LICENSE

Legal Name of Organization: _____ EIN: _____

AKA: _____

Business address: (Physical location, no PO Boxes):

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____ Email _____

Contact person _____ Phone _____ Email _____

Name of Incorporators (Owners) List all those owning 5% or more of the entity

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

(If more lines needed, please attach on additional page)

- ☐ Please attach copies of Articles of Incorporation, Bylaws and biographical information of those listed above (You must use the NAIC Biographical Affidavit)
<http://www.naic.org/ucaa/forms/newform11.doc>
- ☐ Names, addresses, faxes, emails, websites and phone numbers of principals, operators, marketers and legal representative.
- ☐ Attach copies of:
 - Copy of contract between the discount program and providers and/or provider networks.
 - Copy of all agreements between the company and contractors that provide business services such as enrollment and marketing (any sub contracts)
 - Description of the marketing strategy/plan
 - All marketing materials approved by the health discount program
 - Administrative procedures of the health discount program, including enrollment process
 - Enrollment forms
- ☐ Dispute resolution for program holders
- ☐ Pay appropriate license fees <http://www.insurance.utah.gov/rules/r590-102.htm> specifically R590-102-6(1)(a) and R590-102(14)(c)

Signed: _____
Authorized Representative